

**ADOLESCENT SUBSTANCE ABUSE
IN KENTUCKY**

**A Report Prepared for the HB 843 Children's
Workgroup**

February, 2004

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Introduction

In February 2001, the Kentucky Division of Substance Abuse (DSA) hired a Health Program Administrator to coordinate and promote adolescent substance abuse treatment programs in the state. One of the first tasks was to form a link with the Kentucky Adolescent Substance Abuse Consortium (KASAC), a grassroots organization which started in 1998, and whose mission is to “encourage an increase in the quality and types of treatment services available to alcohol and other drug using adolescents.”

In August 2002, a team of five individuals representing DSA, KASAC, the Department of Juvenile Justice (DJJ) and a Regional Mental Health/Mental Retardation Board attended a Leadership Institute held at the Southeast School for Alcohol and Other Drug Programs in Athens, Georgia. The Institute topic was “Substance Abuse Among Juvenile Offenders: Policy Issues for Prevention and Treatment,” and included team members from seven states in the southeast region of the United States. In addition to recommending closer linkages between community-based treatment programs and DJJ, the team recommended the development of a state-wide strategic plan for increasing and improving adolescent prevention and treatment services. (A copy of this report can be found at this link: <http://mhmr.chs.ky.gov/sa/kasac.asp>)

In the fall of 2002, a steering committee was formed consisting of the Leadership Institute participants and other key stakeholders in order to begin the process of developing such a plan. Meetings were held at the University of Kentucky’s Institute on Women and Substance Abuse and Hazard Community College for the purpose of eliciting support from service providers and deciding on a specific course of action.

An “Adolescent Treatment Fact Sheet” and a paper titled “Adolescent Treatment Issues in Kentucky” were developed to provide committee members and others with a consistent set of talking points when discussing the strategic plan with constituents.

A survey was designed and administered to those attending a joint conference of KASAC and the Kentucky Association of Student Assistance Professionals in February and the March KASAC meeting in Hopkinsville. The survey was an effort to ascertain views on the strengths, as well as the needs and barriers to more effective adolescent services in local communities and in the state.

In April 2003, the survey was mailed to approximately 60 key individuals across the state. The results of this initial mailing, as well as the results from the conference and March meeting were shared with the steering committee in late April.

A second rendition of the survey was developed during May and early June with the assistance of Bob Kushner, a Northern Kentucky marketing researcher. Plans were made to administer the revised survey to a newly formed statewide advocacy group. Results were summarized and presented to the strategic planning committee at the annual KASAC meeting held in conjunction with the Kentucky School of Alcohol and Other

Drug Studies in July 2003. An overview of the strategic planning process was shared with those attending the Consortium meeting.

During August, September and October 2003, surveys were administered to numerous individuals attending meetings and training events across the state. In late October, two committee members met with Mr. Kushner to examine a preliminary report. It was determined that additional surveys from selected areas of the state were needed to add validity to those respective regions' data. A final effort to administer the survey to individuals from those regions occurred during an adolescent treatment workshop in mid-November. A final report was forwarded to the Division of Substance Abuse and to Northkey Community Care's Collaboration Director for Youth Substance Abuse Treatment in late November.

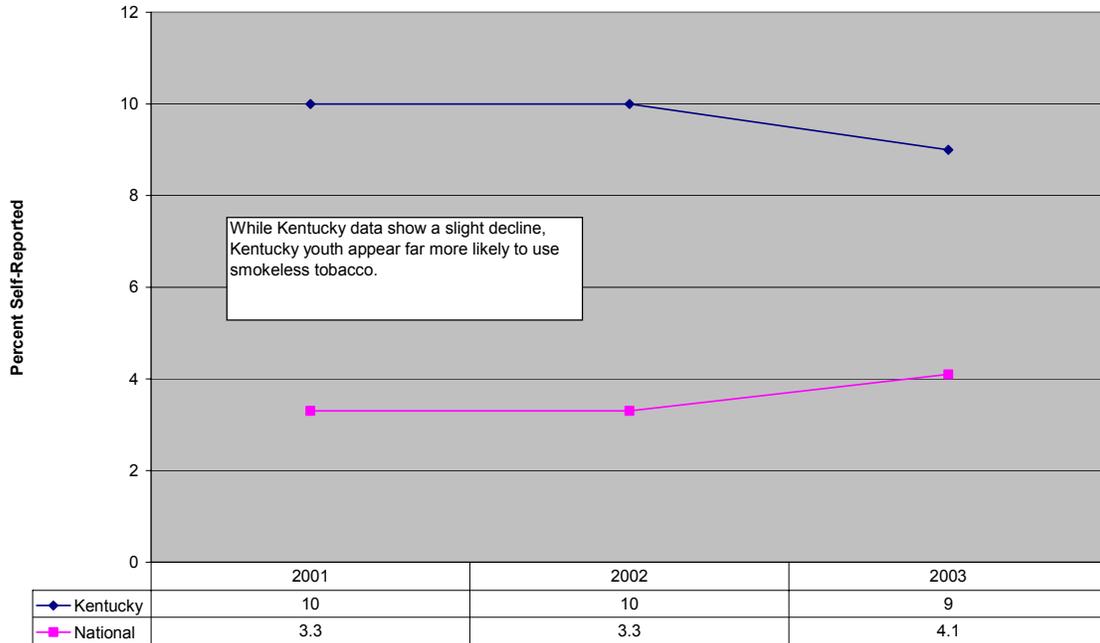
The initial survey results were shared with the HB 843 Children's Workgroup in early January 2004. The group recommended changing the format of the survey results and suggested adding other needs assessment data to be forwarded to the HB 843 Regional Planning Councils for review.

The initial survey results were shared with several groups representing the state's Regional Mental Health/Mental Retardation Boards in late January and early February in order to get their input regarding interpretation of survey results. Staff from the Division of Substance Abuse, Northkey Community Care and the University of Kentucky's Center on Drug and Alcohol Research (CDAR) then finalized the survey format in preparation for this report.

Barry Kellond
Health Program Administrator
Division of Substance Abuse
February 2004

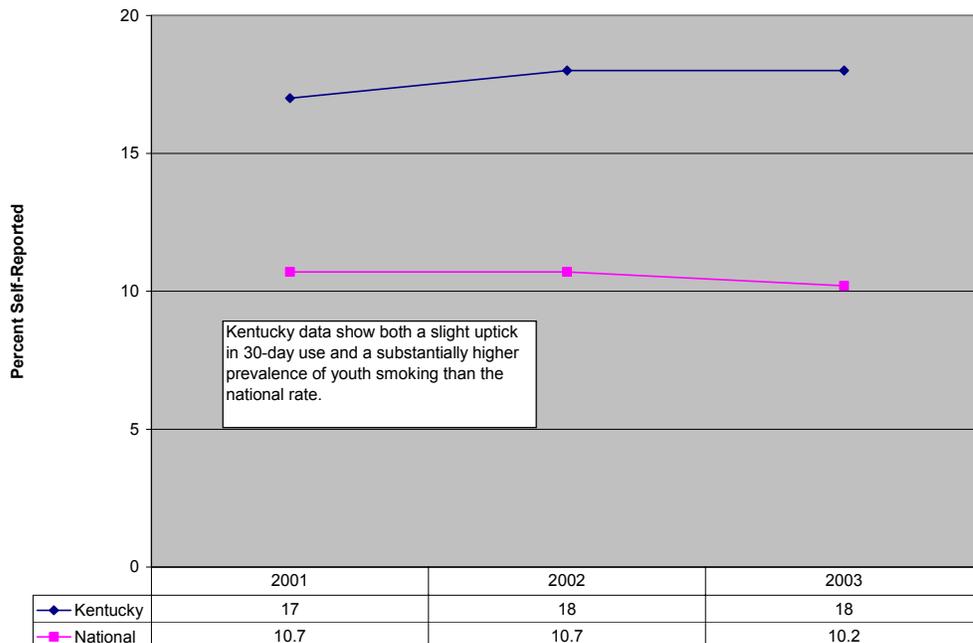
Levels of Use

Smokeless Tobacco: KIP & MTF Trend Comparison
8th Grade: Use in Last 30 Days



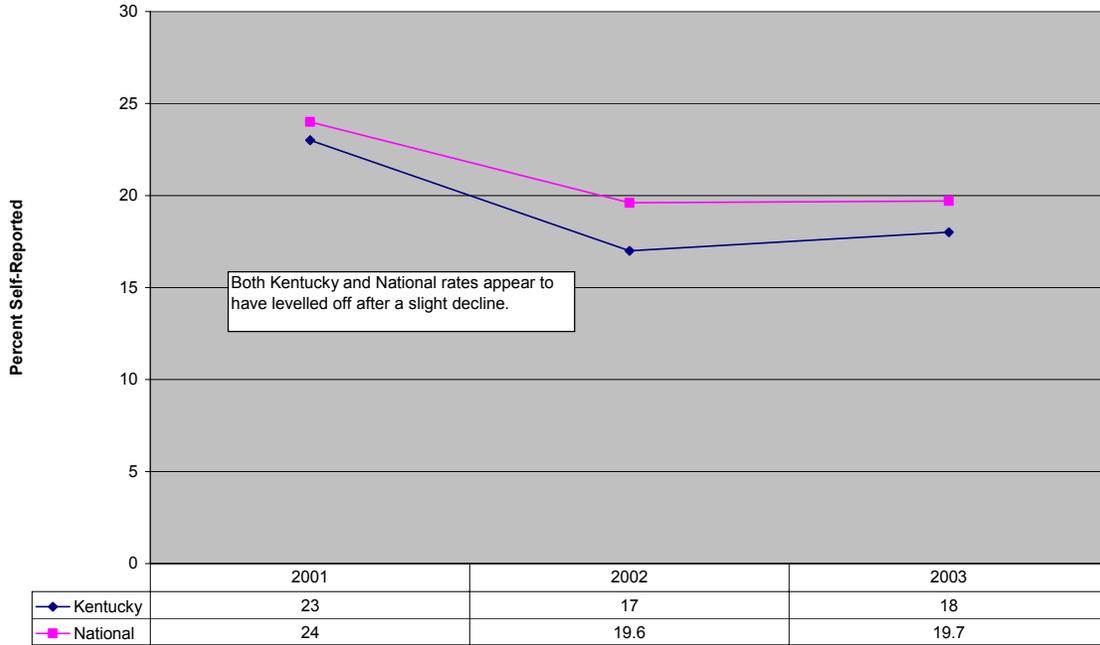
Source: 2003 KIP report and Monitoring the Future (MTF)

Cigarettes: KIP and MTF Trend Comparisons
8th Grade: Use in Last 30 Days



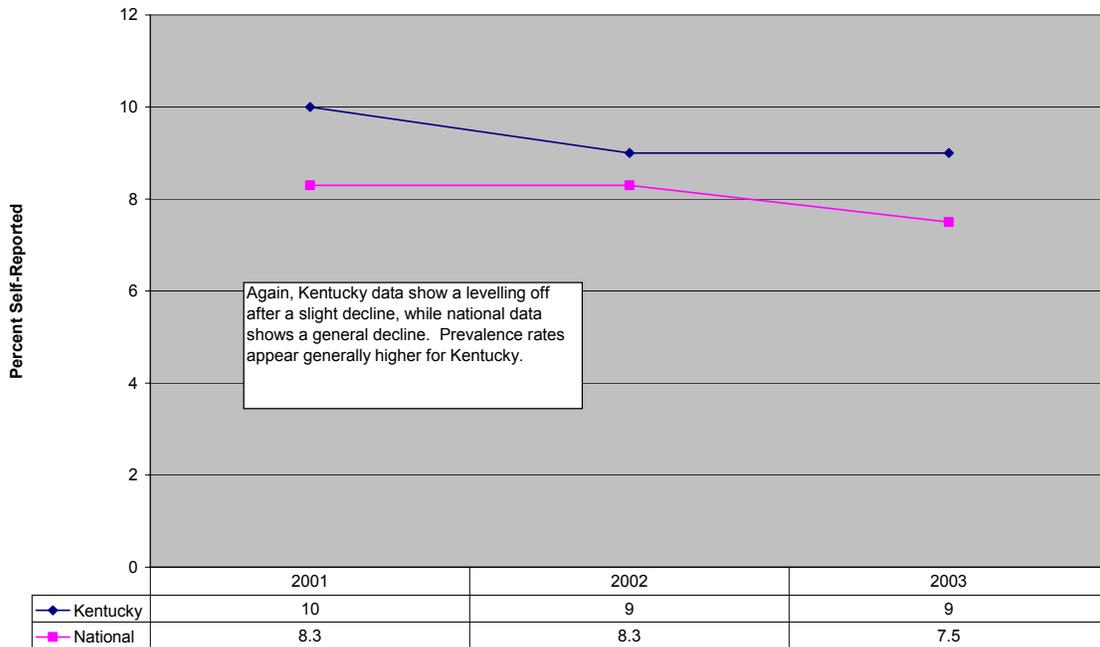
Sources: 2003 KIP report and Monitoring the Future (MTF)

Alcohol: KIP and MTF Trend Comparisons
8th Grade: Use in Last 30 Days



Sources: 2003 KIP report and Monitoring the Future (MTF)

Marijuana: KIP and MTF Trend Comparisons
8th Grade: Use in Last 30 Days



Sources: 2003 KIP report and Monitoring the Future (MTF)

Binge Drinking Data

In the Monitoring the Future National Study, binge drinking was measured by the number of occurrences in which a child drank five or more drinks in a row during the preceding two weeks. In 2003, approximately 28% of twelfth graders reported binge drinking, in comparison to 22% of tenth graders and 12% of eighth graders. The instances of reported binge drinking seem to increase with age according to the Monitoring the Future data (See Binge Drinking Table below). The same study showed that in 2003, less than half of children surveyed reported that binge drinking carried a ‘great risk’ in their opinion.

Binge Drinking as measured by 5+ Drinks in a row in last 2 weeks	8th graders	10th graders	12th graders
2000	14.1%	26.2%	30.0%
2001	13.2%	24.9%	29.7%
2002	12.4%	22.4%	28.6%
2003	11.9%	22.2%	27.9%

(Source: Monitoring the Future Study, University of Michigan)

www.monitoringthefuture.org

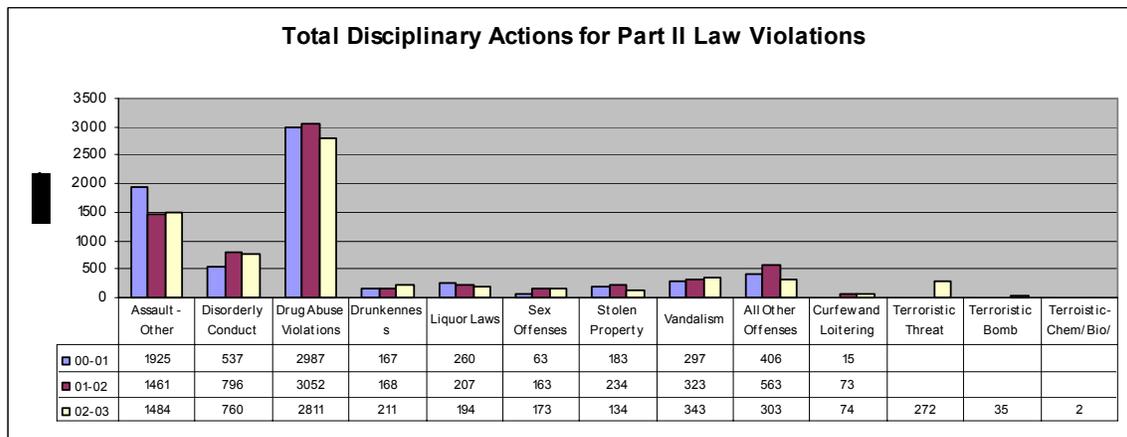
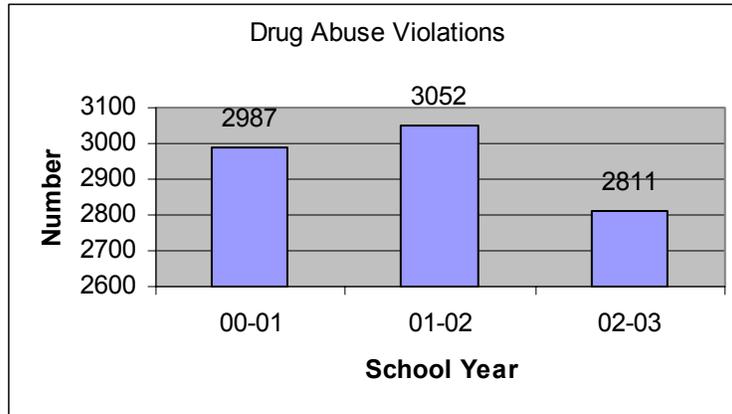
A local study called Kentucky Incentive for Prevention (KIP) measured binge drinking in the 2002 and 2003 survey with the same measure as Monitoring the Future Study (5+ drinks in a row in last 2 weeks). In 2003, approximately 29% of twelfth graders reported binge drinking compared to 23% of tenth graders and 11% of eighth graders. Kentucky and national trends appear to be similar, with binge drinking increasing with age. However, in 2003, slightly more tenth and twelfth graders in Kentucky reported more binge drinking than nationally (See Binge Drinking Table below).

Binge Drinking as measured by 5+ Drinks in a row in last 2 weeks	8th graders	10th graders	12th graders
2002	11.0%	25.0%	30.0%
2003	11.0%	23.0%	29.0%

(Source: KIP Student Survey, Division of Substance Abuse)

Drug Violations in Kentucky's Schools

The following chart illustrates the number of drug policy violations in the state. Although the number of violations during the 02-03 school year decreased from the previous two years, they remain high, especially when compared to other types of violations.



(Source: Center for School Safety)

Early Intervention Program

This Division of Substance Abuse-sponsored program targets youth who have been seen by Court Designated Workers due to their involvement in activities resulting in legal charges for substance abuse or violence, and who are eligible for court diversion, although adolescents referred by other sources may also participate in the program. The program is designed to provide intensive education for the youth, their parents and siblings; screen for substance use and violence as it is associated with alcohol and drugs, and make referrals to community resources for assessment and treatment when indicated. For more information about this program, refer to the following website:

<http://mhmr.chs.ky.gov/sa/eip.asp>

Below is a chart listing referral sources to the Early Intervention Program during FY 03:

Referral Source	Number of Referrals
Court Designated Worker	751
Juvenile Court	360
Drug Court	36
School	883
DCBS	23
Traffic Court	1082
DJJ	110
Other	144
Total	3389

Number of youth who attended an impact class with their parent(s): 2520

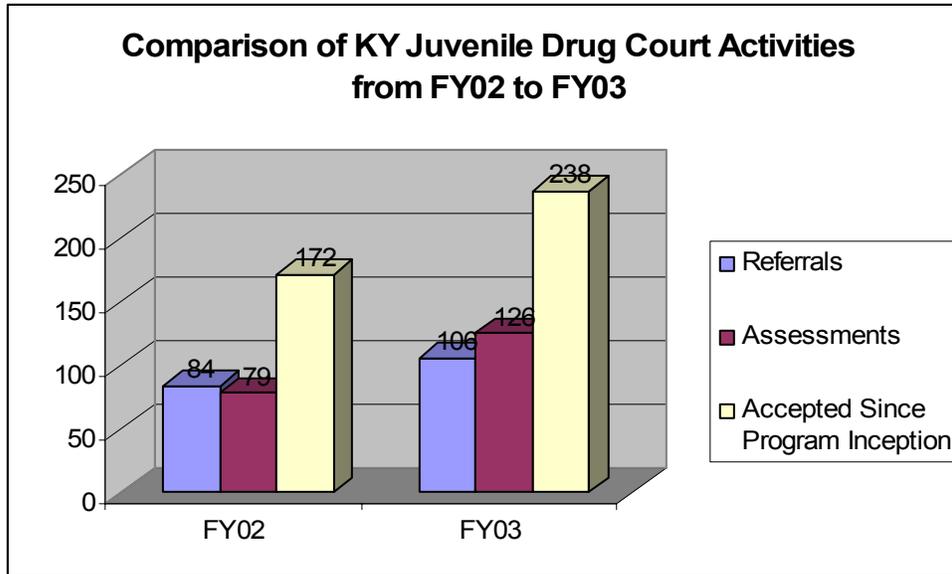
Number of youth completing a prevention/education class: 2006

Number of youth referred to treatment: 367

(Source: Division of Substance Abuse)

Juvenile Drug Court Data

Below is a chart comparing the number of referrals and assessments of juveniles over the last two years and the number of juveniles admitted to the program since its inception. The chart shows an increase in the number of adolescents served by juvenile drug court over the last two years. The chart on the following page shows program activity during FY 03. Both charts reflect statewide data.



(Source: Administrative Office of the Courts)

TOTAL KENTUCKY
JUVENILE DRUG COURT PARTICIPANTS FY03

7/1/02-6/30/03	
Number of Assessments	126
Number of Individual Sessions	2565
Number of Group Sessions	5323
Number of Family Sessions	372
Number of Drug Court Sessions	333
Number of Ancillary Referrals	63
Number of Residential Referrals	43
Number in Educational Pursuit - Mean	19
Amount of Court Obligations Paid	\$1290
Number of Participants – 6/30/03	78
Number of Participants Accepted	80
Number of Graduates	30
Number of Drug Free Babies	2
Number of Drug Screens	5206
Number of Participants Employed	45
Number of New Convictions - Felony	15
Number of New Convictions- Misdemeanor	21

Of the total participants in juvenile drug court during FY03:

- 58% were employed during drug court
- An average of 19 participants were pursuing education each month
- 3% gave birth to drug free babies
- 19% had new felony charges
- 27% had new misdemeanor charges

(Source: Administrative Office of the Courts)

Department of Juvenile Justice Data

“Adolescents involved in the juvenile justice system are considerably more likely to have substance abuse problems than adolescents in the general population. Nationally, substance abuse is one of the most common disorders in the juvenile justice system, with prevalence estimates as high as 67 percent. ...recently released data suggest that each year more than 670,000 youth involved with the juvenile justice system meet diagnostic criteria for one or more alcohol, drug, or mental disorders requiring treatment.”

“Although delinquency is down, there has been a 144 percent increase in juvenile drug abuse violations and a 183 percent increase in juvenile drug-related cases formally processed in the last few years.” (Source: Adolescent Substance Abuse: A Public Health Priority, Physicians Leadership on National Drug Control Policy, 2002, page 57)

The following table represents the percent of adolescents in Kentucky’s Department of Juvenile Justice who had positive drug screens during 2002 and 2003. Percents are rounded to the nearest tenth.

Name of Substance	2002	2003
Cannabis	27.8%	26.3%
Alcohol	6.5%	3.8%
Cocaine	2.4%	3.1%
Opiates	3.0%	2.7%
Methamphetamine	6.4%	4.5%
Amphetamines	4.3%	3.5%
Benzodiazepines	9.7%	3.2%
Barbiturates	1.6%	2.1%
PCP	7.9%	3.5%

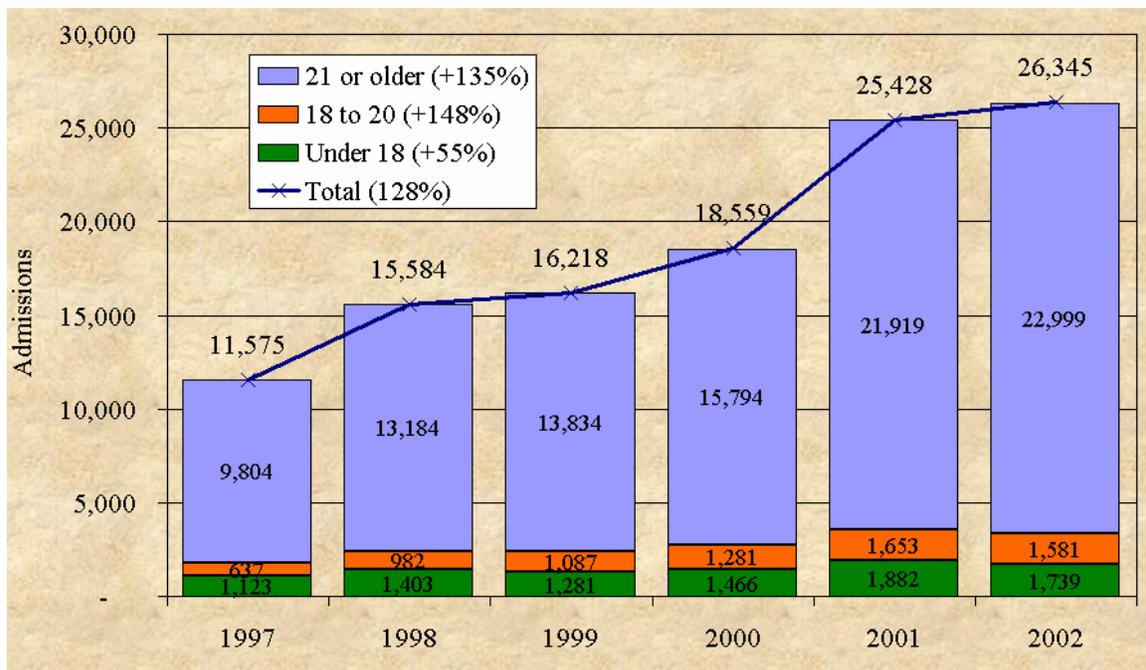
(Source: Department of Juvenile Justice)

Adolescent Treatment in Kentucky

Demographics of Adolescents in Treatment

The following chart shows an increase in admissions to Kentucky's publicly funded treatment programs from 1997 to 2002. Adolescent admissions rose from 1,123 in 1997 to 1,739 in 2002. This represents a 55% increase. Although not included in the chart, there were 1,753 admissions during FY 03. This is a duplicated count. Multiple admissions are considered more than once.

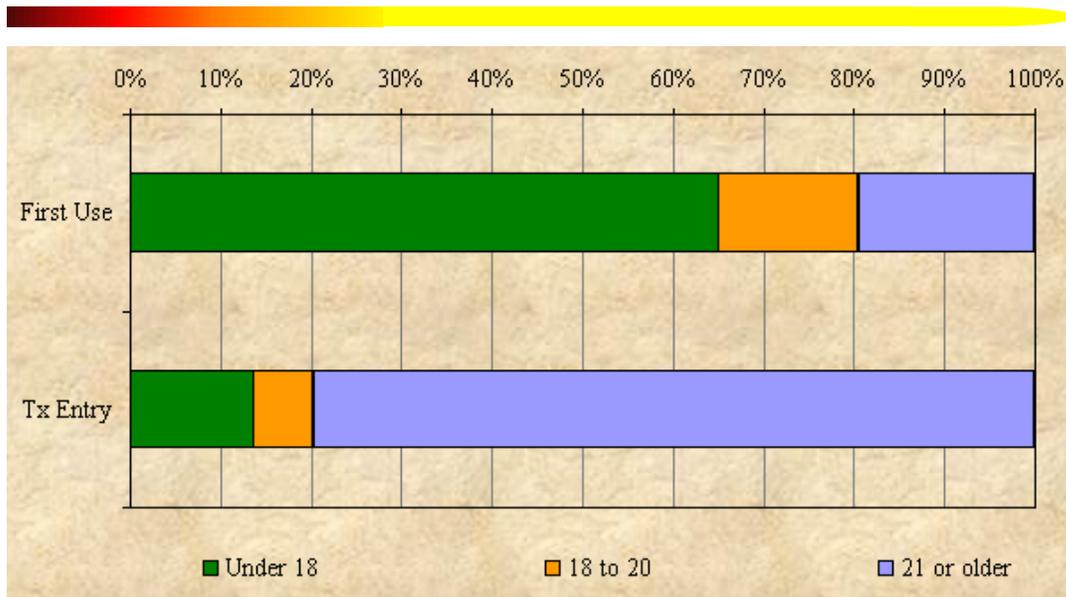
Growth in Admissions



Source: KY FY1997 to FY2002 Intake Records

The following chart contrasts age of first use and age at which clients entered treatment. Approximately 65% of clients receiving treatment in publicly funded programs began using under the age of 18. Only about 15% entered treatment before they turned 18. This would indicate a need for more early intervention programs.

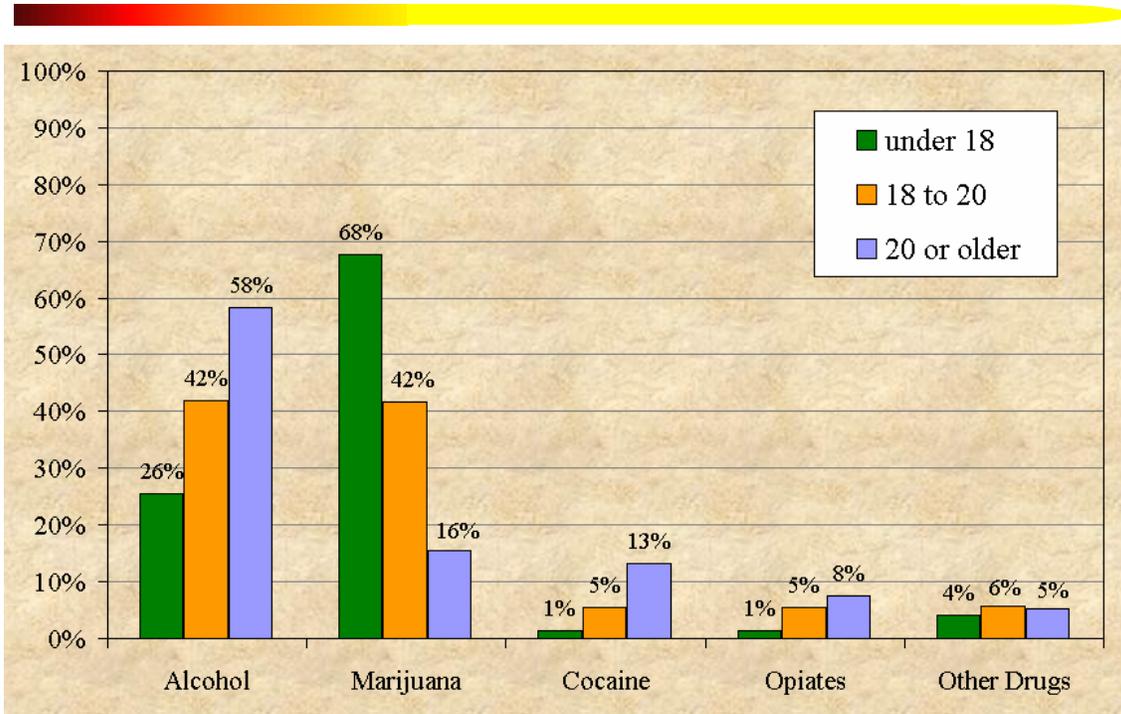
Contrast of Age of First Use & Treatment Entry



Source: KY FY02 Intake Records

The following chart shows the primary drug of abuse upon admission to treatment. Whereas alcohol is the primary drug of abuse among adults (58%), marijuana is the drug most often abused by adolescents entering treatment (68%).

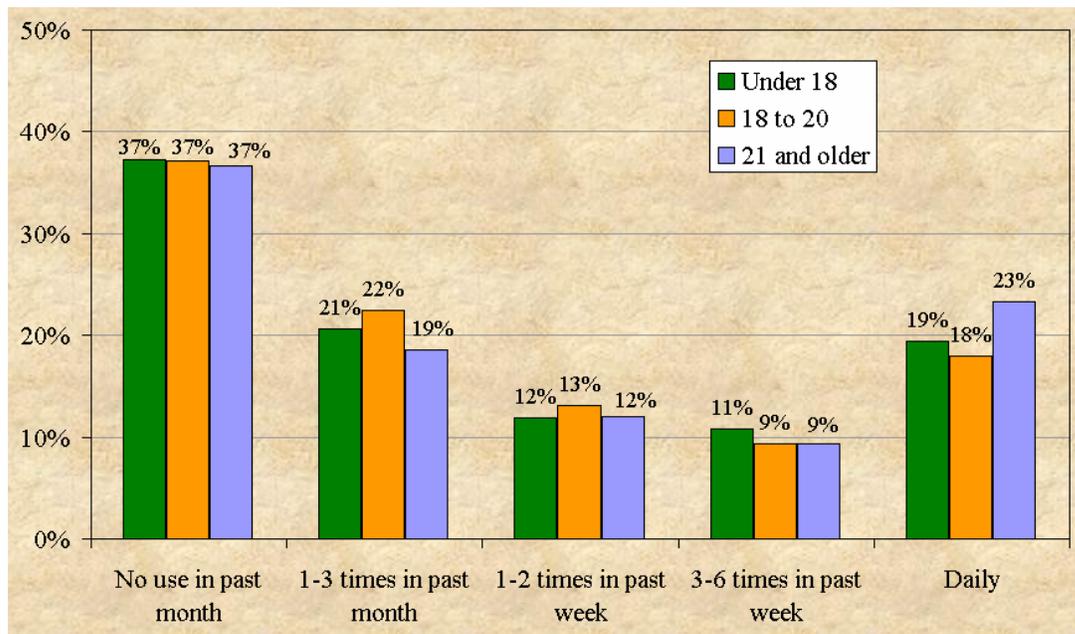
Primary Substance by Age Group



Source: KY FY02 Intake Records

The following chart reflects the frequency of use by age group upon admission to treatment. Over one third of clients entering treatment have not used in the previous month. This is true for all age groups. Another 1 out of 5 have used only occasionally in the previous month. This data is most likely affected by the large number of referrals from the criminal justice system, where clients may have been incarcerated or on probation.

Frequency of Use by Age Group



Source: KY FY02 Intake Records

Referral Sources

Nationally, most referrals to treatment are from the juvenile justice system - 44%. Schools account for 22%, while self/family referrals comprise 17%. Health care providers refer 5% of the number of adolescents entering treatment. (Source: from a presentation by Michael Dennis, Chestnut Health Systems, at a KASAC workshop, 2003)

During FY 03, there were 1,753 referrals to publicly funded treatment programs in Kentucky. The chart below identifies major referral sources.

Referral Source	Number	%
Self	158	9.0
Family/Friend	274	15.6
State/Federal Court	155	8.8
Probation/Parole	89	5.0
DUI	32	1.8
Other Criminal Justice	35	2.0
Diversion Program	29	1.7
DJJ	82	4.7
Psychiatric Hospital	24	1.4
Substance Abuse Treatment Facility	32	1.8
General Hospital	39	2.2
School/Family Resource Center	196	11.2
Community Mental Health Center	75	4.3
DCBS	161	9.2
Other Social Services	38	2.2
Physician	22	1.3
All Other, including unknown	312	17.8

(Source: Division of Substance Abuse)

Treatment Gap

In 1998, the University of Kentucky conducted the Household Survey of Adolescents. This survey, in addition to determining levels of drug use, estimated the percent of adolescents needing treatment based on an abuse or dependency diagnosis per the DSM IV, as well as the number of adolescents who had actually received treatment. Using 2001 census data, it is estimated that 32,500 Kentucky adolescents, or about 10% of the 12-17 year old population, need treatment.

It is also estimated that about 4,700 of the 32,500 who needed treatment in 2001 received it. This number is approximately 15% of those who needed treatment, or 1 out of 7. Of the 4,700 who received treatment in 2001, about 1,800 received services in a publicly funded Community Mental Health Center, slightly more than 1/3. The remaining 2/3 were seen in privately funded programs. (Source: Division of Substance Abuse)

Accessibility

There is a shortage of adolescent-specific treatment programs in the state. Of the 339 licensed treatment programs in the state, only 52- or 15%- have structured programming for adolescents. A structured program is defined as having, at minimum, a weekly outpatient group. An adolescent seeking services in a publicly funded treatment center is more likely to encounter a treatment professional trained in adult techniques than one trained specifically to work with adolescents. A list of licensed treatment programs offering structured adolescent services can be found at the following web site:

<http://mhmr.chs.ky.gov/sa/treatment/files/DTX.asp>

(Source: Division of Substance Abuse)

Retention

While less than 10% of adolescents with substance dependence problems receive treatment nationally, less than 50% stay 6 weeks, and 75% stay less than the 3 months recommended by the National Institute on Drug Abuse (NIDA). While no formal study has been done in Kentucky regarding retention, this national data illustrates the difficulty of retaining adolescents in treatment. There is a correlation between length of stay and success rate. The longer an adolescent is engaged in treatment, including continuing care, the greater the chances of long term abstinence. (Source: from a presentation by Michael Dennis, Chestnut Health Systems, at a KASAC workshop, 2003)

Co-Occurring Disorders

For adolescents entering a mental health or substance abuse treatment program, co-occurring disorders are the norm. Estimates generally range from 50%-90%. It is believed that mental health issues often predate the substance use. Conduct disorders, ADHD, depression, anxiety and post traumatic stress disorder are the most common. Many mental health and substance abuse treatment providers do not have an adequate knowledge base to effectively treat co-occurring disorders. Adolescent clients often do not receive appropriate referrals. There is a need for cross training among providers and collaboration between systems on both a community and state level. (Source: Adolescent Substance Abuse: A Public Health Priority, Physicians Leadership on National Drug Control Policy, 2002, pages 49-53)

EPSDT

Early and periodic screening, diagnosis and treatment (EPSDT) is a federally mandated Medicaid benefit that requires states to provide any medically necessary service to children and adolescents covered by Medicaid. In Kentucky, EPSDT funds will pay for inpatient, residential, intensive outpatient and medical detoxification. The administrative regulations governing EPSDT are located at the following sites:

<http://www.lrc.state.ky.us/kar/907/001/034.htm>

<http://www.lrc.state.ky.us/kar/907/001/035.htm>

Below is a chart with data from the Medicaid EPSDT Special Services Program reflecting substance abuse services and costs, by facility, for FY 03.

EPSDT SUBSTANCE ABUSE COSTS BY PAID DATE – FY03

PROVIDER	PROCEDURE CODE	TOTAL CLAIMS PAID AMOUNT	RECIPIENTS SERVED
CARITAS PEACE CENTER	Semi-Private Psychiatric	\$35,309.75	3
CCS/RIVENDELL OF KENTUCKY, INC.	Residential Care in Private	\$2,734,001.40	172
CHARTER BHS OF PADUCAH, LLC	Residential Care in Private	\$16,316.52	1
COMMUNITY METHODIST HOSPITAL EPSDT	Alcohol and Drug Services	\$1,568.67	5
FIRST HOSP CORP OF HOPKINSVILLE	Residential Care in Private	\$636,300.60	43
PATHWAYS HILLCREST HALL	Residential Care in Private	\$401,806.44	36
SEVEN COUNTIES SERVINC	Residential Care in Private	\$595,666.00	27
SEVEN COUNTIES SERVINC	Alcohol and Drug Services	\$34,944.00	34
TEN BROECK DUPONT INN	Residential Care in Private	\$13,608.25	2
TEN BROECK HOSPITAL	Residential Care in Private	\$469,477.27	54
TEN BROECK HOSPITAL	Alcohol and Drug Services	\$14,040.00	22
UNITED HEALTH CARE OF HARDIN INC	Residential Care in Private	\$660,215.40	70
TOTAL CLAIMS PAID		\$5,613,254.30	469
			(includes duplicated cases)

Total unduplicated children: 435
 Information based on claims with paid date between 07/01/02 and 06/30/03 with procedure codes H5050, H5170, ZR121, and ZR124 with primary diagnosis codes of 291.0-292.9 or 303.00-305.90

(Source: Department for Medicaid Services)

Kentucky Statewide Strategic Plan for Adolescent Substance Abuse

Service Needs Assessment Survey

February, 2004

Background

The Service Needs Assessment Survey was designed to assist in the development of a statewide strategic plan for increasing and improving adolescent substance abuse services.

Methodology

From February through early November, 2003, surveys were administered to individuals attending various meetings and training events sponsored by the Division of Substance Abuse and the Kentucky Adolescent Substance Abuse Consortium. Four-hundred and fifteen surveys were completed.

Respondents included substance abuse prevention and treatment professionals, those who work with adolescents in other settings such as schools and juvenile justice programs, advocates and concerned individuals. All regions of the state were surveyed.

Acknowledgement

Our thanks to Bob Kushner, Directions Research, Inc., for his assistance in refining the survey and tabulating the results.

HIGHLIGHTS

- Overall in Kentucky, and in each region of the state, there is a high need for adolescent substance abuse services across the continuum of care.
- Aftercare is consistently rated as the most needed service in the state.
- Prevention, intervention, assessment and identification and individual counseling services are meeting state and regional needs more than school-based services, intensive outpatient, residential, inpatient and aftercare.
- The top three barriers to increasing services are lack of state funds, lack of service options and lack of community awareness of the problem.

Respondent Demographics

Breakout of Responses

The 415 completed surveys were from the following areas:

<u>Reporting Area</u>	<u>Specific Area</u>	<u>Count</u>	<u>% of Responses</u>
Western Kentucky	Four Rivers	11	2.7
	Pennyroyal	10	2.5
	River Valley	9	2.2
	Lifeskills	19	4.7
	Communicare	22	5.5
Seven Counties	Seven Counties	88	21.8
NorthKey/Comprehend	NorthKey	75	18.6
	Comprehend	7	1.7
Eastern Kentucky	Pathways	21	5.2
	Mountain	21	5.2
	Kentucky River	24	6.0
	Cumberland River	10	2.5
	Adanta	15	3.7
Bluegrass	Bluegrass	71	17.6

49 cases returned with area missing. This data included in Total Kentucky.
 Respondents were allowed to check more than one area where they currently work

Respondent Demographics

Education Level Achieved

	<u>Frequency</u>	<u>Percent</u>
High School or less	7	1.9
Some College	17	4.5
Technical or Trade School	2	0.5
Associate Degree	6	1.6
Bachelor Degree	102	27.0
Master Degree	216	57.1
Doctoral Degree	16	4.2
Other	12	3.2
Total	378*	100.0

Organization

	<u>Frequency</u>	<u>Percent</u>
School system	75	20.7
Department of Juvenile Justice	22	6.1
Department of Community Based Services	15	4.1
Mental Health Mental Retardation Regional Board	134	37.0
Neither I am an advocate	14	3.9
Neither	39	10.8
Private Provider Outpatient (PPO)	43	11.9
Private Provider Inpatient (PPI)	20	5.5
Total	362*	100.0

*Some of the 415 individuals who completed the survey chose not to complete all the demographic questions.

Respondent Demographics

Years Worked with Youth

	<u>Frequency</u>	<u>Percent</u>
1-2 years	33	9.9
3-5 years	62	18.5
6-10 years	75	22.4
11-15 years	64	19.1
16-20 years	36	10.7
over 20 years	65	19.4
Total	335*	100.0

*Some of the 415 individuals who completed the survey chose not to complete all the demographic questions.

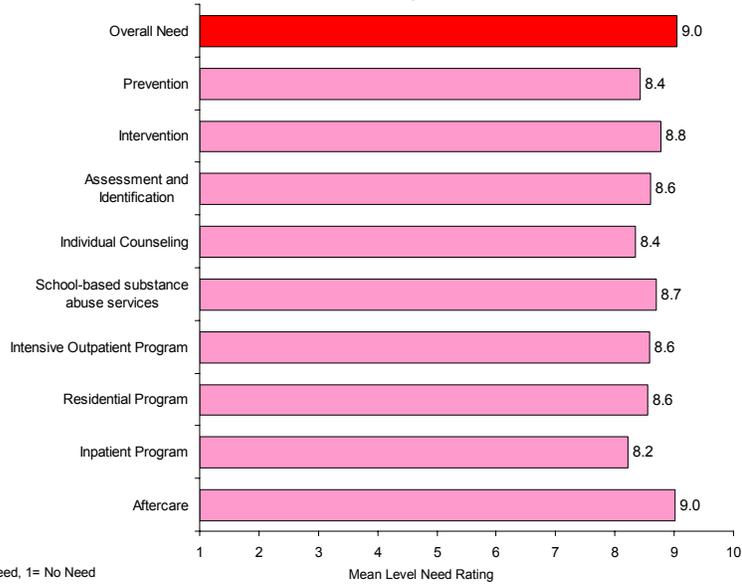
Specific Level Need

Overall, and in the area of Kentucky where you serve youth, please rate the need level for each specific substance abuse prevention/treatment level using a scale of 1-10, where 1 means “No Need” and 10 means “Great Need”.

Specific Level Need

Mean Responses

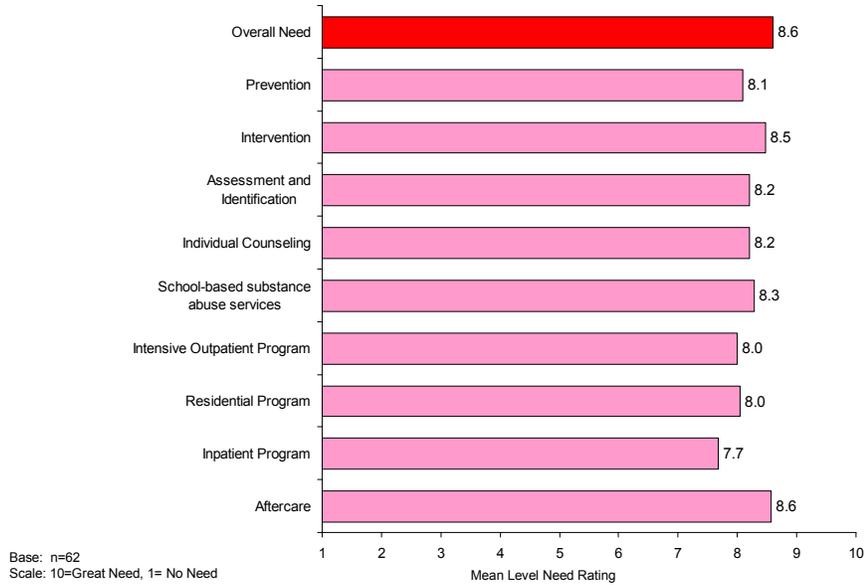
Total Kentucky



Specific Level Need

Mean Responses

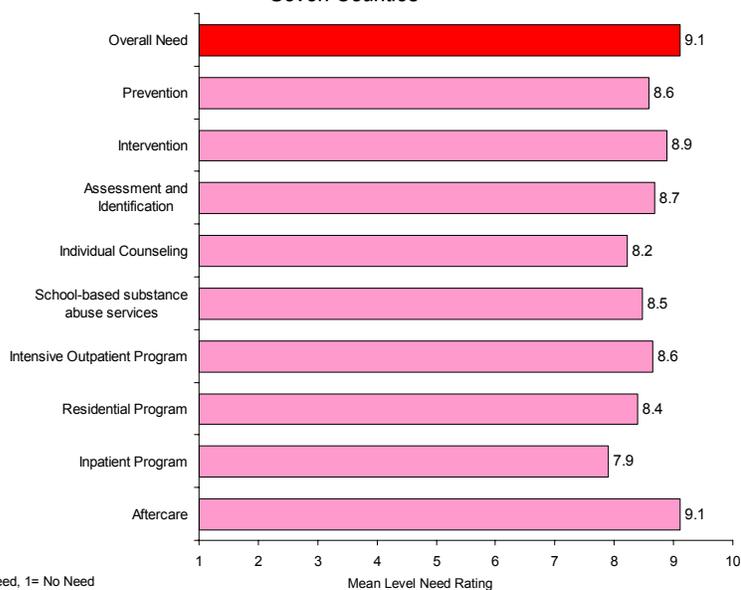
Western Kentucky



Specific Level Need

Mean Responses

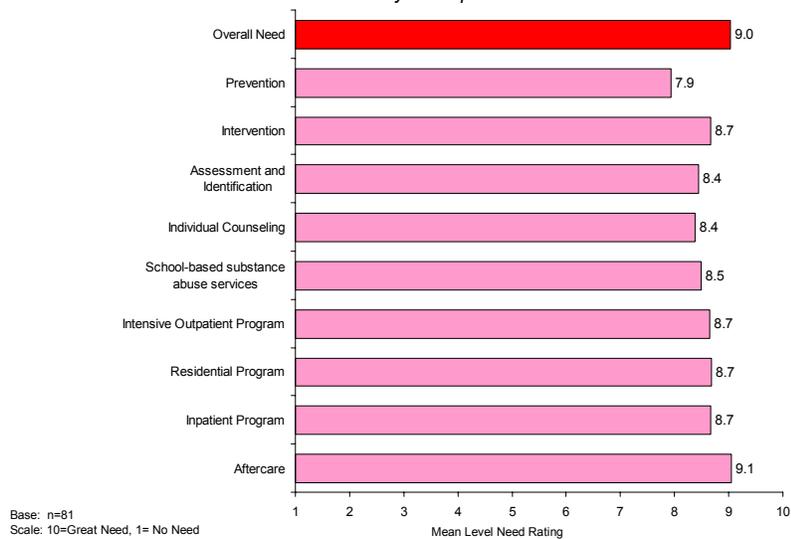
Seven Counties



Specific Level Need

Mean Responses

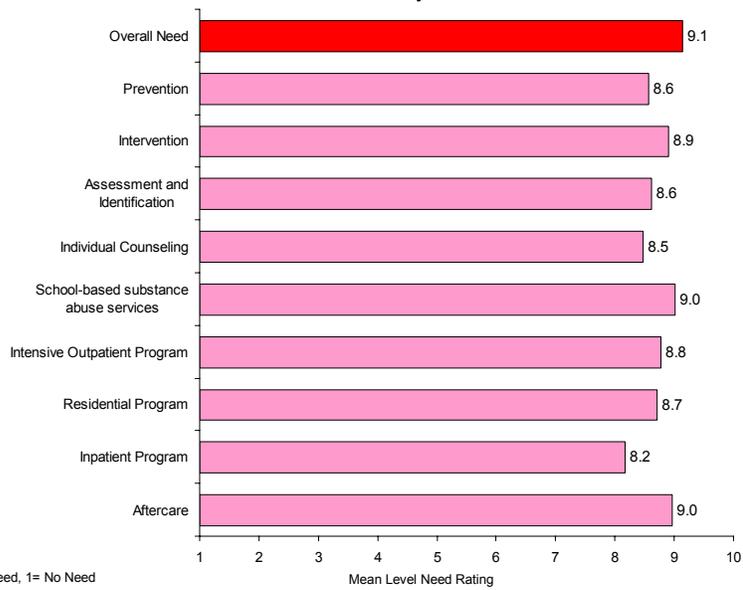
NorthKey / Comprehend



Specific Level Need

Mean Responses

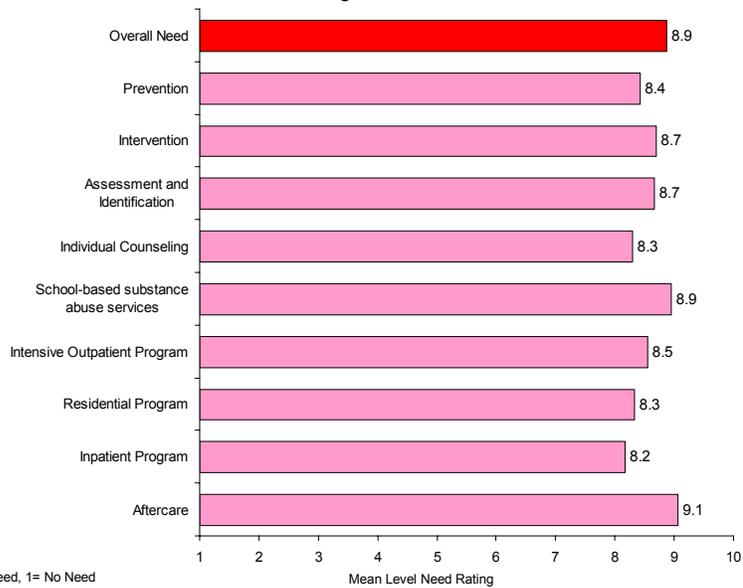
Eastern Kentucky



Specific Level Need

Mean Responses

Bluegrass



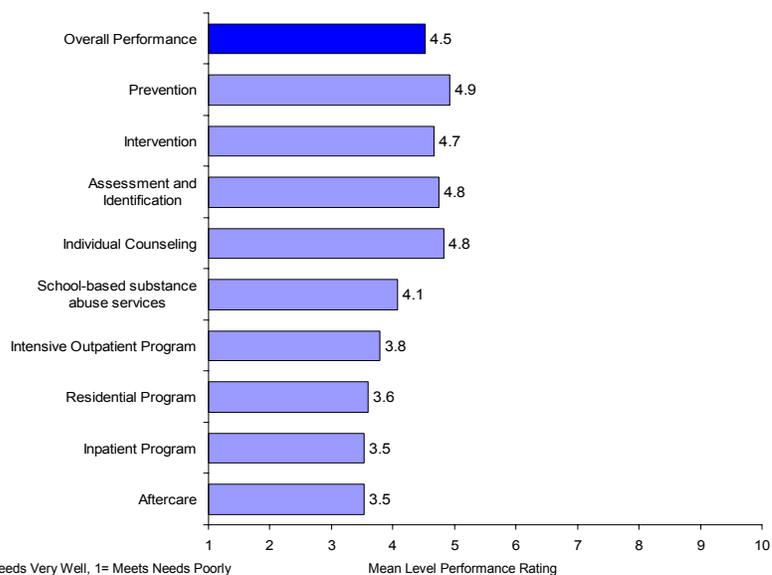
Meets Specific Level Needs

Overall, and in the area of Kentucky where you serve youth, please offer a general assessment of how your area meets each specific substance abuse prevention/treatment level using a scale of 1-10, where 1 means “Meets Needs Poorly” and 10 means “Meets Needs Very Well”.

Meets Specific Level Needs

Mean Responses

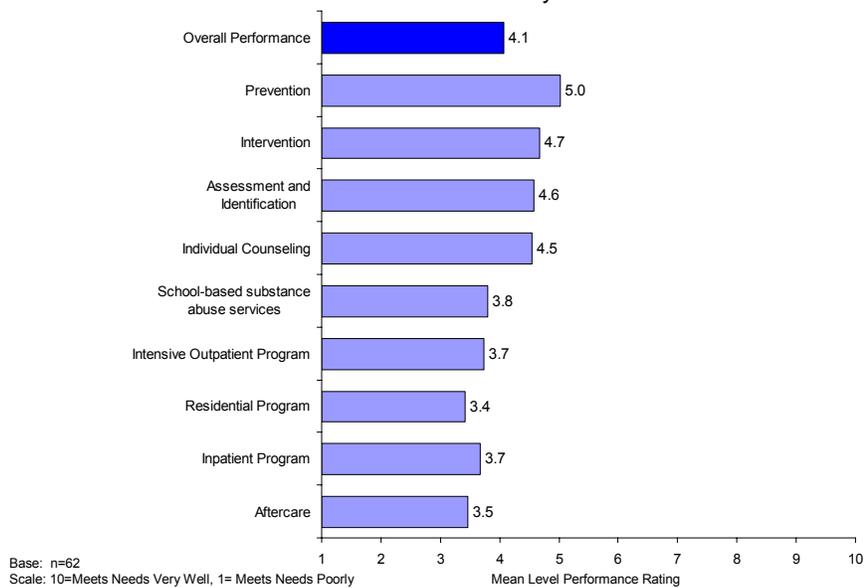
Total Kentucky



Meets Specific Level Needs

Mean Responses

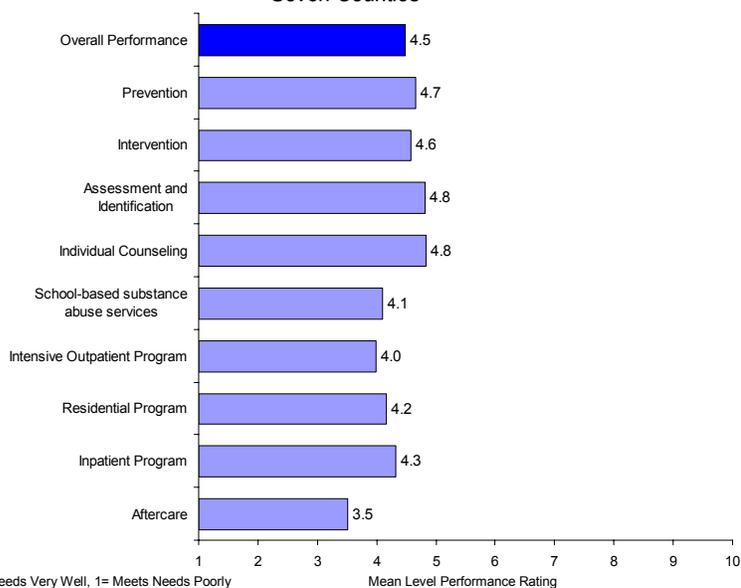
Western Kentucky



Meets Specific Level Needs

Mean Responses

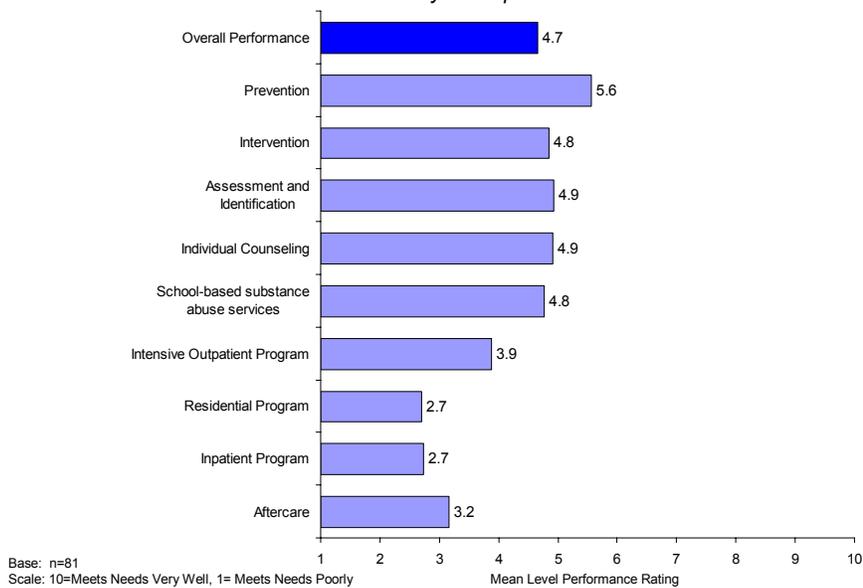
Seven Counties



Meets Specific Level Needs

Mean Responses

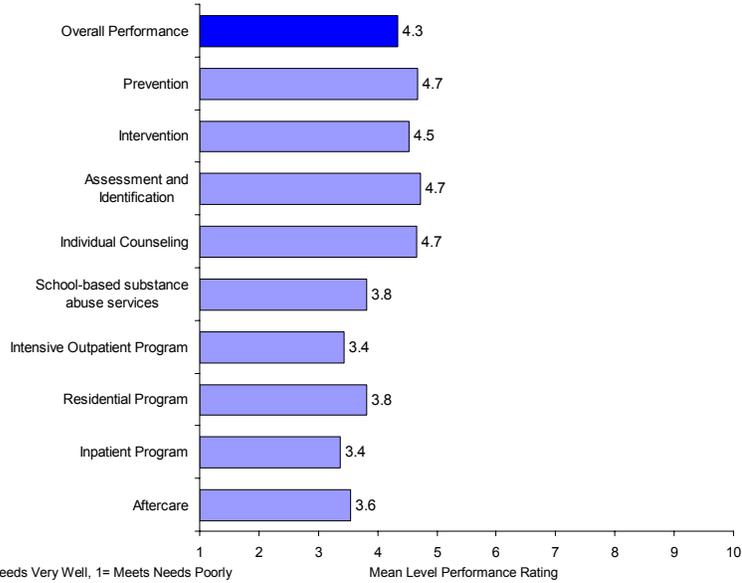
NorthKey / Comprehend



Meets Specific Level Needs

Mean Responses

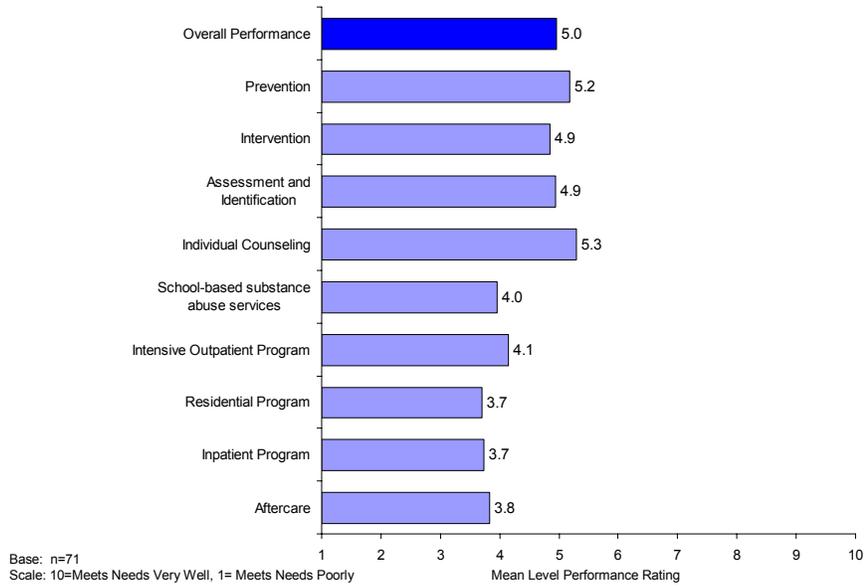
Eastern Kentucky



Meets Specific Level Needs

Mean Responses

Bluegrass



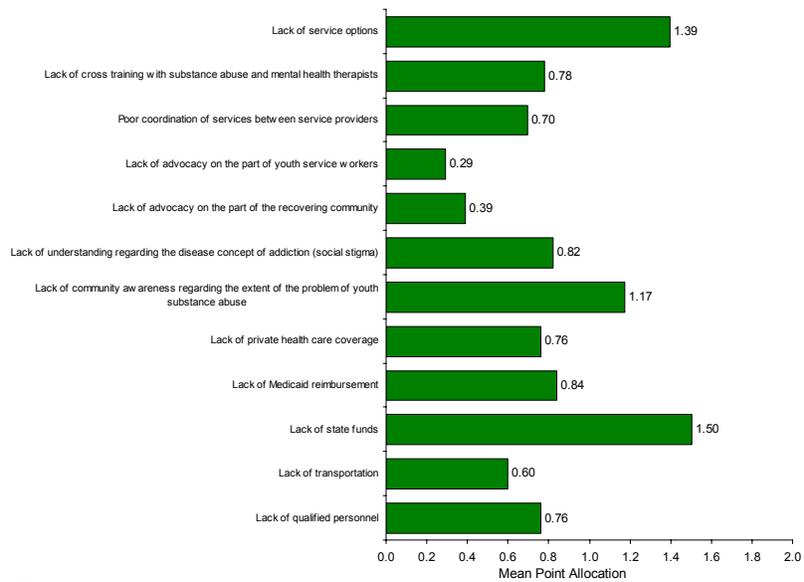
Potential Barriers To Service

Please tell us about the major barriers to adolescent substance abuse services in your area. Allocate ten points across the potential barriers below.

Potential Barriers to Service

Total Kentucky

Point Allocation

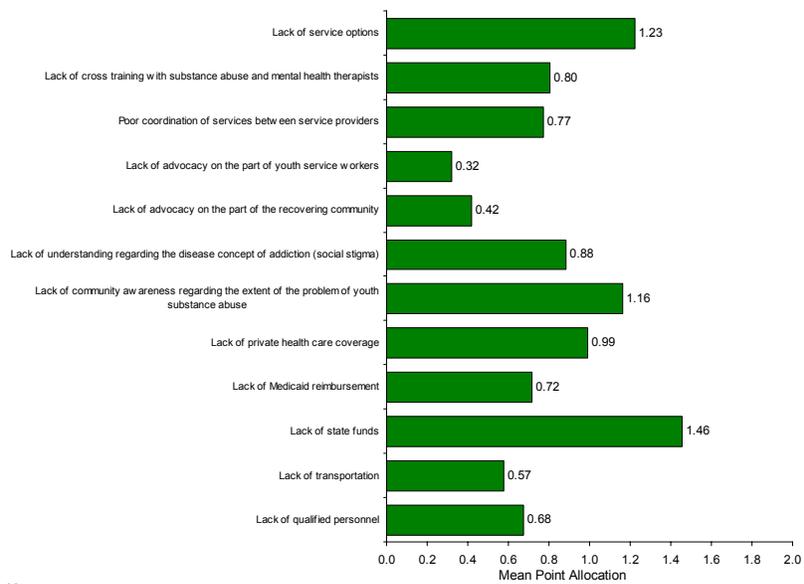


Base: n=415

Potential Barriers to Service

Western Kentucky

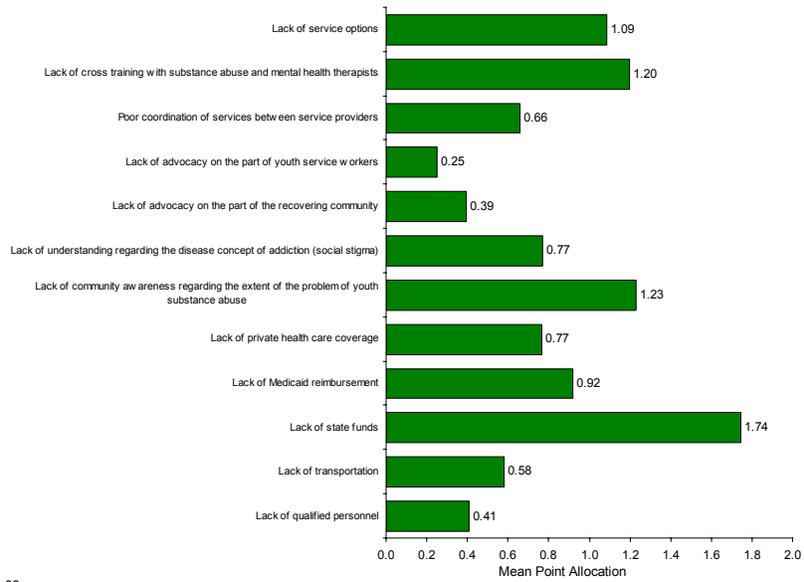
Point Allocation



Base: n=62

Potential Barriers to Service

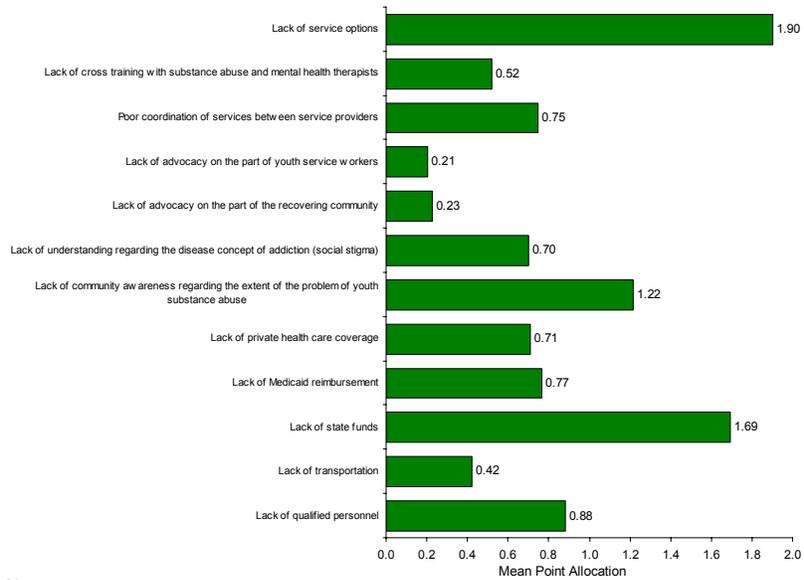
Seven Counties
Point Allocation



Base: n=88

Potential Barriers to Service

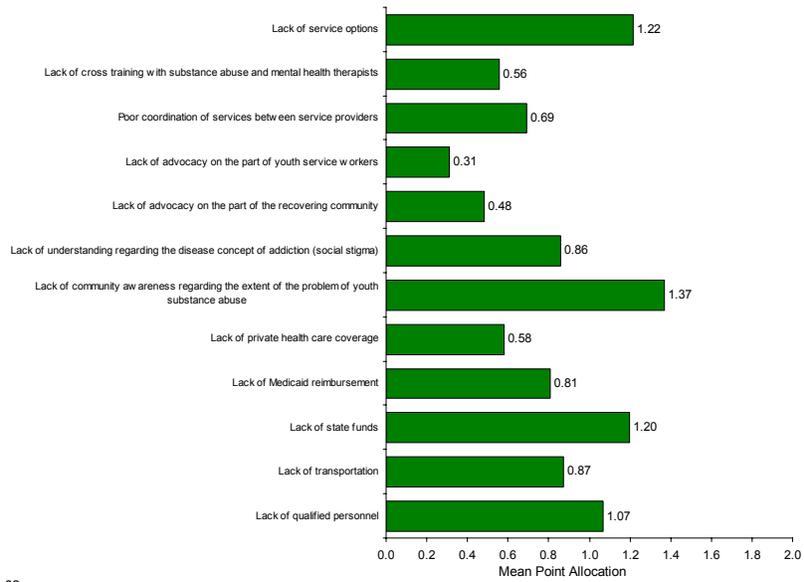
NorthKey / Comprehend
Point Allocation



Base: n=81

Potential Barriers to Service

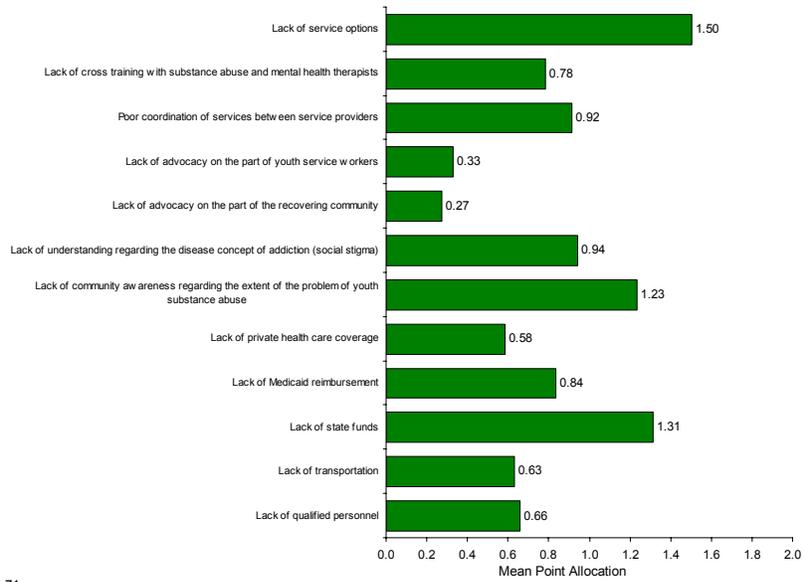
Eastern Kentucky Point Allocation



Base: n=82

Potential Barriers to Service

Bluegrass Point Allocation



Base: n=71

Area Comparisons

Area Comparisons

	Western Kentucky	Seven Counties	North Key/ Comprehend	Eastern Kentucky	Bluegrass	
# of Responses	415	62	88	81	82	71

Specific Level Need

Overall Need	9.0	8.6	9.1	9.0	9.1	8.9
Aftercare	9.0	8.6	9.1	9.1	9.0	9.1
Intervention	8.8	8.5	8.9	8.7	8.9	8.7
School-based substance abuse services	8.7	8.3	8.5	8.5	9.0	8.9
Assessment and Identification	8.6	8.2	8.7	8.4	8.6	8.7
Intensive Outpatient Program	8.6	8.0	8.6	8.7	8.8	8.5
Residential Program	8.6	8.0	8.4	8.7	8.7	8.3
Prevention	8.4	8.1	8.6	7.9	8.6	8.4
Individual Counseling	8.4	8.2	8.2	8.4	8.5	8.3
Inpatient Program	8.2	7.7	7.9	8.7	8.2	8.2

Specific Level Performance

Overall Performance	4.5	4.1	4.5	4.7	4.3	5.0
Prevention	4.9	5.0	4.7	5.6	4.7	5.2
Individual Counseling	4.8	4.5	4.8	4.9	4.7	5.3
Assessment and Identification	4.8	4.6	4.8	4.9	4.7	4.9
Intervention	4.7	4.7	4.6	4.8	4.5	4.9
School-based substance abuse services	4.1	3.8	4.1	4.8	3.8	4.0
Intensive Outpatient Program	3.8	3.7	4.0	3.9	3.4	4.1
Residential Program	3.6	3.4	4.2	2.7	3.8	3.7
Inpatient Program	3.5	3.7	4.3	2.7	3.4	3.7
Aftercare	3.5	3.5	3.5	3.2	3.6	3.8

Data sorted by Total Kentucky

Area Comparisons

	Western Kentucky	Seven Counties	North Key/ Comprehend	Eastern Kentucky	Bluegrass	
# of Responses	415	62	88	81	82	71
Potential Barriers to Service						
Lack of state funds	1.50	1.46	1.74	1.69	1.20	1.31
Lack of service options	1.39	1.23	1.09	1.90	1.22	1.50
Lack of community awareness regarding the extent of the problem of youth substance abuse	1.17	1.16	1.23	1.22	1.37	1.23
Lack of Medicaid reimbursement	0.84	0.72	0.92	0.77	0.81	0.84
Lack of understanding regarding the disease concept of addiction (social stigma)	0.82	0.88	0.77	0.70	0.86	0.94
Lack of cross training with substance abuse and mental health therapists	0.78	0.80	1.20	0.52	0.56	0.78
Lack of private health care coverage	0.76	0.99	0.77	0.71	0.58	0.58
Lack of qualified personnel	0.76	0.68	0.41	0.88	1.07	0.66
Poor coordination of services between service providers	0.70	0.77	0.66	0.75	0.69	0.92
Lack of transportation	0.60	0.57	0.58	0.42	0.87	0.63
Lack of advocacy on the part of the recovering community	0.39	0.42	0.39	0.23	0.48	0.27
Lack of advocacy on the part of youth service workers	0.29	0.32	0.25	0.21	0.31	0.33

Data sorted by Total Kentucky

Conclusions

- Use of smokeless tobacco, cigarettes and marijuana by Kentucky's 8th graders has leveled off or decreased slightly in the last year, but is higher than the national average.
- Use of alcohol by Kentucky's 8th graders is lower than the national average, but increased in the last year.
- Kentucky's 10th and 12th graders reported binge drinking at levels higher than the national average.
- Drug policy violations in Kentucky schools during the 2002-2003 school year decreased from the previous two years, but remain high, especially when compared with other types of violations.
- There has been a significant growth in juvenile drug court programs across the state over the last two years.
- There are a substantial number of adolescents in Kentucky's juvenile justice system with substance abuse issues. Drug tests show marijuana as the primary drug of abuse.
- There has been a 55% increase in the number of adolescents admitted to publicly funded treatment programs in Kentucky over the last 5 years.
- Most individuals entering treatment started using substances as adolescents, but do not present for treatment until they are adults.
- Marijuana is the primary drug of abuse for adolescents admitted to a treatment program. Alcohol is second.
- Referral sources in Kentucky vary somewhat from those reported nationally. Family/friends are the primary referral source in Kentucky; schools are second, DCBS is third.
- There is a treatment gap in Kentucky. Only one out of seven adolescents who need treatment receives it.
- There is a shortage of adolescent specific treatment programs in Kentucky.
- Co-occurring disorders are the norm for adolescents in treatment.
- EPSDT is one of the few payor sources for adolescent treatment, and will not cover all types of treatment.
- Survey results indicate a need for increasing all levels of services across the state.
- Aftercare is the highest need for adolescent substance abusers in Kentucky.
- The three main barriers to improving adolescent substance abuse services are a lack of state funds, a lack of service options, and a lack of community awareness about the problem.

The Future of Adolescent Substance Abuse Treatment

Recent adolescent treatment research has resulted in some “lessons learned” regarding what is effective, and ineffective, in working with youth. Two particular research projects, the Cannabis Youth Treatment studies and the Adolescent Treatment Models, have revealed the following:

Interventions associated with no or minimal change in substance use or symptoms:

- ✚ Educational units alone
- ✚ Unstandardized outpatient services as usual
- ✚ Probation services as usual
- ✚ Passive referrals

Interventions associated with deterioration:

- ✚ Treatment of adolescents in adult units and/or with adult models/materials (particularly outpatient)
- ✚ Treatment of adolescents in groups including one or more highly deviant individuals

Effectiveness was associated with therapies that

- ✚ Were manual guided and had developmentally appropriate materials
- ✚ Involved more quality assurance and clinical supervision
- ✚ Achieved therapeutic alliance with the adolescent (including motivational enhancement approaches) and early positive outcomes
- ✚ Successfully engaged the adolescent in aftercare, support groups, positive peer groups and more supportive recovery environments

(Source: from a presentation by Michael Dennis, Chestnut Health Systems, at a KASAC workshop, 2003. For more information on the Cannabis Youth Treatment studies and the Adolescent Treatment Models, refer to this website:

<http://www.chestnut.org/LI/bookstore/index.html>)

APPENDIX

Regional Planning Council Chairs

Region	Convening Agency	Name	Address	City	State	ZIP
1	Four Rivers	Mr. Scott Johnson	265 Cascade Drive	Paducah	KY	42003
2	Pennyroyal	Ms. Carolyn Self	1507 South Main	Hopkinsville	KY	42241
3	River Valley	Mr. Tom Stevenson	134 Old Bethel Road	Sturgis	KY	42459
4	LifeSkills	Mr. Fred Keith	1314 Broadview Drive	Bowling Green	KY	42101
5	Communicare	Mr. Wayne Puckett	HC 88, Box 175	Hudson	KY	40145
6	Seven Counties Services	Mr. Bernie Block	29 Chamberry Circle	Louisville	KY	40207
7	NorthKey Community Care	Ms. Carol Fausz	3019 Village Drive	Edgewood	KY	41017
8	Comprehend	Mr. David Bolt	P.O. Box 550	Vanceburg	KY	41179
9	Pathways	Mr. Kevin Harrison	Ramey/Estep Home, Inc. P.O. Box 39	Rush	KY	42459
11	Mountain Comp Care	Mr. Andrew Dorton	620 Main Street	Paintsville	KY	41240
12	Kentucky River	Ms. Lynda Congleton	P.O. Box 167	Beattyville	KY	41311
13	Cumberland River	Mr. Ralph Lipps	784 Court Road	London	KY	40741
14	The Adanta Group	Ms. Wanda Bolze	167 Ferry Road	Somerset	KY	42503
15	Bluegrass	Dr. Phil Berger	75 Candlewood Drive	Nicholasville	KY	40356

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